

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/587964 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	2		2		2	
4	0		1		2	
5	0		1		2	
6	0		1		2	
7	0		1		2	
8	0		1		2	
9	0		1		2	
10	0		1		2	
11	0		1		2	
12	0		1		2	
13	0		1		2	
14	0		1		1	
15	0		1		1	
16	0		1		1	
17	0		0		3	
18	0		0		3	
19	0		0		3	
20	0		0		3	
21	0		0		3	
22	0		0		3	
23	0		0		3	
24	0		0		3	
25	0		0		3	
26	0		0		3	
27	0		0		3	
28	0		0		3	
29	0		0		3	
30	0		0		3	
31	0		0		3	
32	0		0		3	
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	32	←	33	←	77	←
TOTAL CLAIMS	33		34		78	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						